

Clay County Environmental Health 715 North 11<sup>th</sup> Street, Suite 303 Moorhead, MN 56560 218-299-7195 or 218-299-7216

### **NEW CONSTRUCTION OR REMODEL PLAN REVIEW APPLICATION**

FOR MOBILE FOOD UNIT/SEASONAL PERMANENT FOOD STAND SEASONAL TEMPORY FOOD STAND/FOOD CART

Submit to Clay County 30 days before construction begins

UNIT/STAND INFORMATION	u D 111	it to city country 50 d	ays	before construction begins
Unit/Stand Name:				
Establishment Address:				
Location-City:	Cour	nty:		
Business Phone:	Web	site:		
License # or previously licensed as:				
SUBMITTER INFORMATION				
Submitter Name:				
Mailing Address:				
City:	S	tate:		ZIP:
Contact Phone:	Cell	Phone:		1
Email:				
CONTRACTOR/ARCHITECT/ENGINEER INFORMATION	ON (1	If different from submit	ter/c	owner.)
Name and/or Company:				
Mailing Address:				
City:	State: ZIP:			
Contact Phone:	Cell Phone:			
Email:				
OWNER INFORMATION (If different from submitter	·)			
Owner Name:				
Mailing Address:				
City:	Stat	e:	ZIP:	
Contact Phone:	Cell Phone:			
Email:				
Proposed date for start of construction:	truction:		Proposed date for start of operation:	

### TRANSIENT FOOD SERVICE DEFINITIONS

**Mobile Food Unit** – a food and beverage service which is a vehicle mounted unit, either motorized or tailored, operating no more than 21 days annually at any one place or is operated in conjunction with a permanent business at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.

**Seasonal Permanent Food Stand** – a food and beverage service which is a permanent stand or building, but which operates no more than 21 days annually.

**Seasonal Temporary Food Stand** – a food and beverage service stand which is dissembled and moved from location to location, but which operates no more than 21 days annually at any one location.

**Food Cart** – a food and beverage service which is a non-motorized vehicle self-propelled by the operator. Food carts licensed under this category must be certified to NSF Standard No. 59. A commissary is required for food storage, water supply, disposal and cleaning.

**Variance** – A variance from some parts of Minnesota Rule 4626 may be applied for.

PLAI	N REVIEW FEE SCHEDULES			
NEW	CONSTRUCTION (Check approp	priate box)		
	Mobile Food Unit	\$350		
	Seasonal Permanent Food Stand	\$250		
	Seasonal Temporary Food Stand	\$250		
	Food Cart	\$400		For Office Use Only:
Total Plan Review Fee Submitted:			-	
Note	: Plan review fees cannot be ref	unded after review has started.		Inspector Initials: Check #:
D = 1.4	ODEL OD ADDITION (Charles and			Plan #:
KEM	ODEL OR ADDITION (Check app Mobile Food Unit	\$350		Clay/Wilkin/City of MHD/Otter Tail
	Seasonal Permanent Food Stand	\$250	DI	ease make checks payable to:
	Seasonal Temporary Food Stand	\$250		ay County Environmental Health
	Food Cart	\$400	Cir	ay County Environmental Health
	al Plan Review Fee Submitted:	<u></u>		
DES	CRIPTION OF REMODEL OR AD	DITION PROJECT		

# FINISH SCHEDULE (NOTE: This form and the equipment schedule form below MUST be completed in order to review your plan. Forms left blank will be returned and delay processing)

FINISH AREA	WALLS	CEILINGS	FLOOR/BASECOVE
(Example)	FRP/stainless steel behind cooking equipment	Aluminum	Aluminum

Water Heater(s):	Manufacturer	Size (gal)
Fresh Water Tank(s):	Manufacturer	_ Size (gal)
Waste Water Tank(s):	Manufacturer	Size (gal)

FRP - Fiberglass Reinforced Panel

QT – Quarry Tile

CT – Ceramic Tile

VCT - Vinyl Composition Tile

SS – Stainless Steel

<sup>\*</sup>Note: The location of the water heater, fresh water tank and waste water tank must be on the layout.

## **EQUIPMENT SCHEDULE FORM**

New equipment: Submit manufacturer specifications sheet for <u>each piece of new</u> equipment. (see example):



#### **Used equipment: List used equipment below:**

ITEM NUMBER (FROM PLAN)	QTY	EQUIPMENT	MANUFACTURER	MODEL
Example 1	1	Hand-Washing Sink	Krowne	HS-9

Additional equipment may be listed on a blank sheet of paper or on the layout page.

Photographs of used equipment suggested.

 $\sim$  Used or existing equipment will be field approved by Clay County Staff prior to installation $\sim$ 

DOCUMENTS REQUIRED FOR APPLYING				
☐ All 5 pages of this application.	☐ All 5 pages of this application.			
☐ Payment for all plan review fees* made payable to: 0	Clay County Environmental Health			
☐ Easily readable layout to scale including;	☐ Easily readable layout to scale including;			
- location of equipment,	- location of equipment,			
· ·	- all sinks,			
<ul><li>food prep and ware-washing equipment,</li><li>storage areas,</li></ul>				
	in temperature dager zone more than once) are not accepted.			
Information on hot water heater, fresh water tank and				
Manufacturers' specification sheets for each piece of e				
Floor, wall and ceiling material finishes or stand const				
Cabinetry material and countertop information.				
A statement about where the stand or unit will be ope	erating.			
· ·				
*The plan review fee is a separate fee from the license fee. After your plan review application has been reviewed and approved, you are required to complete a food license application. Submit the food license application and fee to Clay County Environmental Health to receive your establishment license to operate.				
PERSON LICENSE APPLICATION SHOULD BE SENT TO (check one)				
☐ Submitter ☐ Contractor/Architec	t/Engineer			
VARIANCE REQUEST				
<ul> <li>You may apply for a variance (exception) from some parts of Minnesota Rule 4626. Variance request forms are available from the Clay County Environmental Health Office.</li> </ul>				
ADDRESS FOR MAILING				
Clay County Environmental Health				
715 North 11 <sup>th</sup> Street, Suite 303				
Moorhead, MN 56560				
218-299-7195 or 218-299-7216				
Fax: 218-299-7205				

12/22/2015